



FAX COVER SHEET

Date: 3/22/06

To: Issue Fee
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Pages: 5 Including this cover sheet

Included with this fax cover sheet for Application 10/771,807 are the following:

Transmittal Form PTO/SB/21

Fee Transmittal – Part B – PTOL-85

Credit Card Payment Form PTO-2038 in the amount of \$1,000.00

Change of Correspondence Address Form PTO/SB/122

This fax is sent on 22 March 2006

Dwight Eric Kinzer



PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/771,807
Filing Date	02/03/2004
First Named Inventor	Dwight Eric Kinzer
Art Unit	3654
Examiner Name	Thomas J. Brahan
Attorney Docket Number	Kin-002

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks Change of Correspondence Address: PTO/SB/122 Part B - Fee(s) Transmittal PTOL-85 Credit Card Payment Form PTO-2038 for \$1,000.00		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	<i>Dwight Eric Kinzer</i>		
Signature	<i>Dwight Eric Kinzer</i>		
Printed name	Dwight Eric Kinzer		
Date	22 March 2006	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Dwight Eric Kinzer</i>		
Typed or printed name	Dwight Eric Kinzer	Date	22 March 2006

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